

# FICTITIOUS BUSINESS NAME STATEMENT

BUSINESS AND PROFESSIONS CODE 17900 ET SEQ.

## FILING FEES:

- \$30.00** - FOR FIRST BUSINESS NAME AND FIRST BUSINESS OWNER ON STATEMENT  
**\$ 5.50** - FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT AND DOING BUSINESS AT THE SAME LOCATION  
**\$ 5.50** - FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

**Mail to: Placer County**  
**Clerk-Recorder**  
**2954 Richardson Drive**  
**Auburn, CA 95603**  
**(530) 886-5610**  
**1-800-488-4308 x 5610**

This statement was filed with the Placer County Clerk on date indicated by the file stamp.  
**Note:** First publication must start within 30 days from the file date in a Placer County Newspaper. Refer to list provided.

**This Space Reserved  
For File Stamp**

**PLEASE READ INSTRUCTIONS ON REVERSE SIDE AND PRINT OR TYPE ONLY. APPLICATION MUST BE COMPLETELY LEGIBLE. WHEN FILING BY MAIL, PROVIDE SELF-ADDRESSED STAMPED ENVELOPE.**

1	STREET ADDRESS, CITY, STATE AND ZIP OF PRINCIPAL PLACE OF BUSINESS IN PLACER COUNTY. LIST ONLY ONE.				
2	FICTITIOUS BUSINESS NAME(S) TO BE FILED (1) _____ (3) _____ (2) _____ (4) _____				
3	FULL NAME(S) OF REGISTRANT(S), COMPLETE STREET ADDRESS • IN ADDITION TO PHYSICAL ADDRESS, A P.O. BOX MAY BE LISTED FOR MAILING PURPOSES ONLY				PHONE NO.
	CITY				STATE
	ZIP				
	IF MORE THAN 3 REGISTRANTS – ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION. IF REGISTRANT IS/ARE A CORPORATION, INCLUDE STATE OF INCORPORATION.				
4	BUSINESS CONDUCTED BY — Check only one box <input type="checkbox"/> A LIMITED PARTNERSHIP <input type="checkbox"/> AN INDIVIDUAL <input type="checkbox"/> HUSBAND AND WIFE <input type="checkbox"/> AN UNINCORPORATED ASSOCIATION <input type="checkbox"/> OTHER THAN A PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY CO, STATE OF _____ <input type="checkbox"/> A GENERAL PARTNERSHIP <input type="checkbox"/> A BUSINESS TRUST <input type="checkbox"/> CO-PARTNERS <input type="checkbox"/> A JOINT VENTURE <input type="checkbox"/> CORPORATION, STATE OF _____ <input type="checkbox"/> OTHER _____			COMPLETE THIS SECTION ONLY IF REGISTRANT IS A CORPORATION CORPORATION NAME _____ OFFICER'S NAME AND TITLE _____	
5	THE REGISTRANT(S) COMMENCED TO TRANSACT BUSINESS UNDER THE FICTITIOUS BUSINESS NAME(S) LISTED ABOVE ON: (FUTURE DATE IS NOT ALLOWED) – PLEASE INSERT N/A IF DATE IS IN FUTURE. DATE: _____		THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW. (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE.)		
6	SIGNATURE: _____ "I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT." [A REGISTRANT WHO DECLARES AS TRUE INFORMATION WHICH HE OR SHE KNOWS TO BE FALSE IS GUILTY OF A CRIME. (Sec. 17913(c) B&P Code)]		NAME – (TYPED OR PRINTED): _____ 7		
NOTICE: THIS FICTITIOUS BUSINESS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. RENEW PRIOR TO: _____			I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE. <b>Jim McCauley</b> COUNTY CLERK BY _____ DEPUTY FILE NO. _____		

DISTRIBUTION: 1 – FILE WITH COUNTY CLERK  
2 – FOR NEWSPAPER PUBLICATION (WHEN REQUIRED)

3 – FOR BANK AND OTHER REQUIRED NEEDS (CERTIFIED)  
4 – REGISTRANT'S COPY

THE BELOW INSTRUCTIONS ARE NOT TO BE PUBLISHED (SEC. 17925 B&P)

**INSTRUCTIONS FOR COMPLETION OF STATEMENT**  
Section 17913 Business & Professions Code

1. Insert the street address of the registrant's principal place of business in Placer County. **(P.O. Box not acceptable.)**
2. **The Fictitious Name under which business is being conducted.**
3. If the registrant is an individual, insert his full name and residence address. If the registrant is a partnership or other association of persons, insert the full name and residence address of each general partner. If the registrant is a business trust, insert the full name and residence address of each trustee. If the registrant is a corporation, insert the name of the corporation as set forth in its articles of incorporation and the State of incorporation. If the registrant is a limited liability company, insert the name stated in its articles of organization and the State of organization. (Attach additional sheet if necessary.) (P.O. Box not acceptable.)

A FICTITIOUS BUSINESS NAME STATEMENT EXPIRES FIVES YEARS FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. Except as provided in Section 17923, B&P Code, it expires 40 days after any change in the facts set forth in the statement; except that a change in the residence address of an individual, general partner, or trustee does not cause the statement to expire.

If a refiling is required because the prior statement has expired, the refiling need not be published unless there has been a change in the information required in the expired statement, **provided the refiling is filed within 40 days of the date the statement expires.** (Sec. 17917(c) B&P Code)

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NOTICE TO REGISTRANT Section 17924 Business & Professions Code

**(NOTE: FIRST PUBLICATION MUST START WITHIN 30 DAYS OF COUNTY CLERK FILED DATE.)**

- (A) Your fictitious business name statement must be published in a newspaper once a week for four successive weeks and an affidavit of publication filed with the county clerk within 30 days after publication has been accomplished. The statement should be published in a newspaper of general circulation in the county where the principal place of business is located. The statement should be published in such county in a newspaper that circulates in the area where the business is to be conducted. (Sec. 17917 B&P Code)
- (B) Any person who executes, files, or publishes any fictitious business name statement, knowing that such statement is false, in whole or in part, is guilty of a misdemeanor and upon conviction thereof shall be fined not to exceed one thousand dollars (\$1,000). (Sec. 17930 B&P Code)